

**INSTRUCTIONS FOR COMPLETING CONTRACT DOCUMENTS BETWEEN THE  
NCDA&CS, FOOD DISTRIBUTION DIVISION AND  
PRIVATE INSTITUTIONS AND SOUP KITCHENS**

**PLEASE RETURN BOTH COPIES OF THE CONTRACT WITH ORIGINAL SIGNATURES (in blue ink)**

**TO:** NCDA&CS, Food Distribution, PO Box 659, Butner, NC 27509-0659

Pages 1-6 is called the "Contract Cover"

Page 1 of Contract Cover

- Leave the contract number and NC Grants ID blank. Your contract number will be assigned and filled in by the Budget & Finance Department.
- If not already done so by NCDA&CS, FD; fill in Grantee's legal name as listed on the IRS 501(c)(3) form.
- Self explanatory- Fill in federal tax identification number, Grantee's county and physical address.
- Fill in Grantee's fiscal year beginning and ending date. (month/day) **DO NOT FILL IN THE YEAR.**

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**PAGE 1 of Contract Cover (EXAMPLE)**

**North Carolina Department of Agriculture and Consumer Services  
Food Distribution Division**

**Private Institutions & Soup Kitchens (Commodities Only) – Non Governmental**

**CONTRACT # G20100000987DFC NCGRANTS ID # 31525**

This Contract is hereby entered into by and between the **North Carolina Department of Agriculture and Consumer Services, Food Distribution Division**, (the "Agency") and **Fly by Night NonProfit**, (Grantee), and referred to collectively as the "Parties". The Grantee's federal tax identification number is **123456789** and is physically located in **Wake** County, and is further located at **123 Fourth Street, Raleigh, NC 11111-1111**.

(Street Address, City, State, and Zip Code)

The purpose of this Contract is for receiving USDA donated commodities from the Agency, which will be used by the Grantee to feed the hungry and/or for the purpose of distributing USDA donated commodities. The Grantee's project title is, The Emergency Food Assistance Program (commodities only). Funds awarded under this Contract must be used for the purposes for which they are intended.

The Grantee's fiscal year begins 1/1 and ends 12/31.  
(Month/Day) (Month/Day)

Page 2 of Contract Cover is filled out by the Agency.

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**Page 4 of Contract Cover (Example)**

**For the Grantee:**

Grantee Contract Administrator- Mailing Address	Grantee Principal Investigator or Key Personnel
Name: <u>Jack Boss</u> Title: <u>CEO</u> Company Name: <u>Fly by Night NonProfit</u> Post Office Address: <u>PO Box 668</u> City: <u>Raleigh</u> State: <u>NC</u> Zip: <u>11111-1111</u>  Telephone: <u>919-000-0000</u> Fax: <u>919-700-1234</u> Email: <u>jack.boss@yahoo.lol</u>	Name: <u>Mary Jenkins</u> Title: <u>Executive Director</u> Company Name: <u>Same</u> Street Address: <u>123 Fourth St.</u> City: <u>Raleigh</u> State: <u>NC</u> Zip: <u>11111-1111</u>  Telephone: <u>same</u> Fax: <u>same</u> Email: <u>mary.jenkins@yahoo.lol</u>

Page 6 of Contract Cover

• WHO IS AUTHORIZED TO SIGN THE CONTRACT?

- Requires signature from the Board Chairman and/or an Executive Board member, Executive Director, CEO or equivalent authorized representative that is allowed to prepare, approve and execute **ALL** financial documents. All signatures throughout the contract **must be signed in BLUE ink.**
- Fill in Grantee.
- Signature of authorized representative and date.
- Fill in printed name of authorized representative and title.
- Notarize, seal and fill in the date commission expires. (The notary cannot be a family member of anyone employed by the Grantee).

(EXAMPLE)

**Signature Warranty:**

The undersigned represent and warrant that they are authorized to bind their principals to the terms of this Contract.

IN WITNESS WHEREOF, the Grantee and the Agency execute this Contract in **two (2)** originals, one (1) of which is retained by the Grantee and one (1) which is retained by the Agency.

Grantee: Fly by Night NonProfit

_____ Signature of Authorized Representative	11/28/12 Date
Jane Chairwoman Printed Name	Board Chair Title

**NOTARY:**



[Corporate Seal] or  
[Notary Seal]

Sworn to and subscribed before me on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

_____ Signature and Seal	_____ Date
_____ Printed Name	My Commission Expires: _____

**Attachment C**  
**Notice of Certain Reporting & Audit Requirements**

- Check off your level of funding. ☐ Level 1, ☐ Level 2, or ☐ Level 3. This will be a **total** of **all** state or federal pass through grants your agency received within a fiscal year – not just NCDA&CS, Food Distribution.
- Fill in Grantee Organization Name.
- Sign in **BLUE** ink by authorized representative, as described at the top of page 3 of instructions, and date.
- Print name of authorized representative and title.

For additional information for online reporting go to <http://www.osbm.state.nc.us>. In left panel click on NCGrant – on top ribbon click “Help”, click on Grantee User’s Manual to download.

**(EXAMPLE)**

☐ Level 1: Less than \$25,000 – A Grantee that receives, uses, or expends State funds in an amount less than twenty-five thousand dollars (\$25,000) within its fiscal year must comply with the reporting requirements established by 9 N.C.A.C. Subchapter 3M including:

- (A) a certification completed by the Grantee Board and management stating that the State funds were received, used, or expended for the purposes for which they were granted; and
- (B) an accounting of the State funds received, used, or expended.

Reports are due within six months of the grantee's fiscal year end in which State funds were received.

☐ Level 2: \$25,000 up to \$500,000 – A Grantee that receives, uses, or expends State funds in an amount of at least twenty-five thousand (\$25,000) and up to five hundred thousand dollars (\$500,000) within its fiscal year must comply with the reporting requirements established by this Subchapter including:

- (A) a certification completed by the Grantee Board and management stating that the State funds were received, used, or expended for the purposes for which they were granted;
- (B) an accounting of the State funds received, used, or expended; and
- (C) a description of activities and accomplishments undertaken by the Grantee with the State funds.

Reports are due within six months of the grantee's fiscal year end in which State funds were received.

☐ Level 3: Greater than \$500,000 – A Grantee that receives, uses, or expends State funds and in the amount greater than five hundred thousand dollars (\$500,000) within its fiscal year must comply with the reporting requirements established by this Subchapter including:

- (A) a certification completed by the Grantee Board and management stating that the State funds were received, used, or expended for the purposes for which they were granted;
- (B) an audit prepared and completed by a licensed Certified Public Accountant for the Grantee consistent with the reporting requirement of this Subchapter; and
- (C) a description of activities and accomplishments undertaken by the Grantee with the State funds.

Reports are due within nine months of the Grantee's fiscal year in which the State funds were received.

## 2. Audit Requirements

Unless prohibited by law, the costs of audits made in accordance with the provisions of this rule are allowable charges to State and Federal awards. The charges may be considered a direct cost or an allocated indirect cost, as determined in accordance with cost principles outlined in the Office of Budget and Management (OMB) Circular A-87. The cost of any audit not conducted in accordance with this Subchapter is unallowable and shall not be charged to State or Federal grants.

The audit requirements in this Subchapter do not replace a request for submission of audit reports by grantor agencies in connection with requests for direct appropriation of state aid by the General Assembly.

Notwithstanding the provisions of this Subchapter, a grantee may satisfy the reporting requirements of Part (a)(3)(B) of this Rule by submitting a copy of the report required under the federal law with respect to the same funds.

All grantees and subgrantees shall use the forms of the Office of State Budget and Management and of the Office of the State Auditor in making reports to the awarding agencies and the Office of the State Auditor.

*Authority G.S. 143C-6-22; 143C-6-23;  
Eff. July 1, 2005.*

Fly By Night NonProfit  
Grantee Organization Name

\_\_\_\_\_  
Signature of Authorized Representative

11/28/12  
Date

Jack Boss  
Printed Name of Authorized Representative

CEO  
Title

**Attachment D**  
**State Grant Certification – No Overdue Tax Debts**

- Grantee should copy and paste form on its organization's letterhead removing blanks and replacing with organizations information.
- Insert:  
Date completed, Organization's name (as is on IRS 501(c)(3) letter), name of Board Chair, name of second authorizing official, title of second authorizing official, name of organization, city, Board Chair signature (in BLUE ink), signature of second authorizing official (in BLUE ink), Title of second authorizing official, notary signature, seal and date commission expires.

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(EXAMPLE)

**Fly by Night NonProfit**  
PO Box 668  
123 Fourth Street  
Raleigh, North Carolina 11111-1111

11/28/2012

**To:** State Agency Head and Chief Fiscal Officer

**Certification:**

We certify that the Fly by Night NonProfit does not have any overdue tax debts, as defined by N.C.G.S. 105-243.1, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of N.C.G.S. 143C-6-23(c) is guilty of a criminal offense punishable as provided by N.C.G.S. 143-34(b).

**Sworn Statement:**

Jane Chairwoman and Jack Boss being duly sworn, say that we are the Board Chair and CEO, respectively, of Fly by Night NonProfit of Raleigh in the State of North Carolina, and that the foregoing certification is true, accurate and complete to the best of our knowledge and was made and subscribed by us. We also acknowledge and understand that any misuse of State funds will be reported to the appropriate authorities for further action.

\_\_\_\_\_  
Board Chair Signature

\_\_\_\_\_  
Signature of Second Authorizing Official

CEO  
\_\_\_\_\_  
Title of Second Authorizing Official

**Notary:**

Sworn to and subscribed before me on the day of the date of said certification.

\_\_\_\_\_  
Notary Signature and Seal

My Commission Expires: \_\_\_\_\_

G.S. 105-243.1 defines: "Overdue tax debt. – Any part of a tax debt that remains unpaid 90 days or more after the notice of final assessment was mailed to the taxpayer. The term does not include a tax debt, however, if the taxpayer entered into an installment agreement for the tax debt under G.S. 105-237 within 90 days after the notice of final assessment was mailed and has not failed to make any payments due under the installment agreement."

## Attachment E

**3.B.** The grantee must provide the location site(s) for the performance of work done in connection with the specific grant.

Place(s) of Performance (Street address, city, county, state, zip code)

123 Fourth Street \_\_\_\_\_  
Raleigh (Wake County) \_\_\_\_\_  
N.C. 11111-1111 \_\_\_\_\_

### DRUG-FREE WORKPLACE - (GRANTEES WHO ARE INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 7 CFR Part 3021, Subparts A, C, and E, for grantees, as defined at 7 CFR Part 3021:

- A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and
- B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to:

Notice shall include the identification number(s) of each affected grant.

**As the duly authorized representative of the Grantee, I hereby certify that the Grantee will comply with the above certifications.**

GRANTEE ORGANIZATION NAME:	
Fly by Night NonProfit	
PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE:	
SIGNATURE:	11/28/12 DATE:
CONTRACT NUMBER: (leave blank- to be filled out by Agency)	

**Attachment F**  
**Conflict of Interest Policy Certification**

- Fill in Grantee's name if not already filled in, and date.
- Fill in organization's effective date on their current "Conflict of Interest Policy"
- Fill in approved or adopted date of policy (the dates can be the same)
- Check the appropriate box "Policy was approved by" In **BLUE** ink signature of authorized representative
- Fill in printed name of authorized representative
- Fill in Title

**Example**

<h1 style="margin: 0;">CERTIFICATION CONFLICT OF INTEREST</h1>
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**Conflict of Interest Certification** – To be placed on top of Organization's Conflict of Interest Policy.

Fly by Night NonProfit  
Organization Name

Date: 11/28/12

This is to certify that our organization's Conflict of Interest policy is still current.

The effective date of the policy is 7/1/10.  
(mo/day/yr)

The approved or adopted date of the policy is 8/5/10.  
(mo/day/yr)

The policy was approved by:

☒ Board of Directors

☐ Other (Attach appropriate documentation.)

Signature of Authorized Representative

Jane Chairwoman, Chair  
Printed Name and Title



**Attachment G**  
**IRS Federal Tax Exempt Letter and Certification of 501(c)(3) Form**

- Fill in Tax ID number
- Check box 501 (c)(3)
- Fill in Grantee
- Signature in **blue** ink of Board Chairman, Executive Director or other authorized official
- Date
- Print Name of authorized official and title
- Notarize, seal, fill in date commission expires

**EXAMPLE**

ATTACHMENT G

**CERTIFICATION OF 501 (C) (3) OR OTHER  
NON-PROFIT STATUS**

123456789

Tax ID Number

We, the undersigned entity, hereby certify that the undersigned entity's ☐ 501(c)(3) or ☐ other tax-exempt status is still in effect.

We further certify that our Organization has not entered into a name change since our original filing with the NCDA&CS, Division of Food Distribution. We understand that a name change will require a new filing of our IRS tax determination prior to the disbursement of any State funds.

Fly by Night NonProfit  
Grantee (Name of Entity)

\_\_\_\_\_  
Board Chairman, Executive Director, or other Authorized Official Signature

11/28/12  
Date

Jack Boss, CEO  
Printed Name and Title of Authorized Official

**NOTARY:**

Sworn to and subscribed before me on the day of the date of said certification.

\_\_\_\_\_  
(Notary Signature and Seal)

My Commission Expires: \_\_\_\_\_

NCDA&CS ONLY  
Tax Exempt Status Verified – Date & Initial \_\_\_\_\_

## Attachment H NC Openbook Supplemental Information

- Fill in DUNS number. If Grantee doesn't have a DUNS number you may request by phone (1-866-705-5711) or see attached instruction sheet (next page).
- Leave contract number blank if not already filled in. This number is provided by the Budget and Finance Dept.
- Fill in legal name of Grantee if not already filled in by NCDA&CS.
- Fill in Grantee's Tax ID number.
- Fill in fiscal year end, (month/day)
- 1. Fill in Brief Description and Background/History of your Organization. Example provided below.
- 2. Project timeline is date of contract. Fill in if not filled in by NCDA&CS.
- 3. Expected outcomes and specific deliverables. Example provided below.
- 4. Fill in Grantee's WEB URL if applicable.
- 5.-7. Self explanatory. If you don't know Grantee's congressional district number you can find it at <http://www.house.gov>. In the upper right corner enter Grantee's zip code to find out congressional district number.

### Page 24 (EXAMPLE)

DUNS Number: 987654321  
 Contract Number: G2010000987DFC  
 Grantee Name: Fly by Night NonProfit  
 TAX ID Number: 123456789  
 Fiscal Year Ends: 12/31

1. Brief Description and Background/History of your Organization.

Be sure to include the number of years in existence, number of employees, mission and goals of your organization.

FBNN was founded in 1980. It has 47 employees in Wake County and its mission is to serve families through a diverse spectrum of programs and services including our residential care, child development services, foster care, community support services, therapeutic recreation and others..

2. Current project timeline. Begin 7/1/12 End 6/30/13

3. Expected outcomes and specific deliverables.

#### EXPECTED OUTCOMES AND SPECIFIC DELIVERABLES

(Examples: 1. Increase in the number of households receiving commodities in additional four counties. 2. Provide approximately 150 meals to homeless victims. 3. Provide 250 lunch snacks to elementary school children, 4. Administrative funds will be used for pay for 60 hours of labor at \$12.00 per hour.)

FBNN will provide meals to approximately 650 people for a total of approximately 65,000 meals and snacks in our programs and services.

4. The Grantee's WEB URL: www.fbnpn.lol

5. \* Primary County of Performance. County Name: Wake  
 (CONGRESSIONAL DISTRICT # MUST BE IDENTIFIED) Congressional District #: 13

6. \*\*County of Benefit: Single County: ☒ Yes ☐ No County Name: Wake  
 Statewide: ☐ Yes ☐ No  
 Regional: ☐ Yes ☐ No

7. If the answer to question number 6 is "Regional", list the counties receiving benefit.

\_\_\_\_\_

## REQUESTING A D-U-N-S NUMBER

Dun & Bradstreet (D&B) provides a D-U-N-S Number, a unique nine digit identification number, for each physical location of your business.

D-U-N-S Number assignment is FREE for all businesses required to register with the US Federal government for contracts or grants.

### D-U-N-S Request by Email

To request your D-U-N-S Number via the Web. If one does not exist for your business location, it can be created within **1 business day**. <http://fedgov.dnb.com/webform>

For technical difficulties, contact [govt@dnb.com](mailto:govt@dnb.com)

### D-U-N-S Request by Phone

1-866-705-5711

#### For U.S., Puerto Rico, and US Virgin Islands Requests only

Contact the D&B Government Customer Response Center

**U.S. and U.S Virgin Islands: 1-866-705-5711**

**Alaska and Puerto Rico: 1-800-234-3867 (Select Option 2, then Option 1)**

Monday - Friday 7 AM to 8 PM C.S.T.

**The process to request a D-U-N-S® Number by telephone takes between 5 and 10 minutes.**

You will need to provide the following information:

- Legal Name
- Tradestyle, Doing Business As (DBA), or other name by which your organization is commonly recognized
- Physical Address, City, State and Zip Code
- Mailing Address (if separate)
- Telephone Number
- Contact Name
- SIC Code (Line of Business)
- Number of Employees at your location
- Headquarters name and address (if there is a reporting relationship to a parent corporate entity)
- Is this a home-based business?

## Attachment I Signature Card

- Section I: Fill in date; fill in Grantee's legal name and federal tax ID number.
- Section II: Under Non-Profit Organizations Only, fill in Chairman of the Board of Directors printed name and signature in BLUE ink.

Under Financial Representative, fill in printed name and title; signature in BLUE ink.

### Who is a Financial Representative?

A Financial Representative is not a title but can be the Executive Director, CEO, etc. A Financial Representative is any authorized representative that is allowed to sign off on contracts as well as prepare, approve and execute **ALL** financial documents. NCDA&CS will not accept signatures on this form from a Board Member who is **not** a member of the Executive Committee without documentation to the contrary, i.e. bylaws or board job description. This documentation must have who approved it and the date it was approved and/or effective. **Same person cannot sign both boxes.**

### EXAMPLE

SECTION I.	
Effective:	7/1/2012
Legal Applicant Organization / Agency Name:	Fly by Night NonProfit
Federal Tax Identification Number:	123456789
SECTION II.	
Certification: By affixing my signature below, I certify that person(s) identified below are designated having legal authorization to sign on behalf of the organization named in Section I., above, for purposes of executing contractual documents and preparing, approving and executing all financial documents; including "Requests for Payments". I understand the legal implications of any and all misrepresentation of a sole purpose of defrauding the State of North Carolina.	
NON-PROFIT ORGANIZATIONS ONLY	
Chairman of the Board of Directors (Contract Documents)	Financial Representative Signature
Print Name and Title: Jane Chairwoman	Print Name and Title: Jack Boss, CEO
Signature:	Signature:
GOVERNMENTAL ENTITIES	
Appropriate Governmental Official (Secretary, Commissioner, Etc.)	Chief Fiscal Officer Signature
Print Name:	Print Name and Title: